

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Program Application for Prior Approval
of Education Clock Hours

CHOOSE ONE:

ONE APPLICATION PER PROGRAM

APPLICATION MUST BE RECEIVED BY KDHE 3 WEEKS PRIOR TO THE PROGRAM

Program Title _____

Location (City & State)	Dates	Agency Use Only
1.		Approval #:
2.		Approval #:
3.		Approval #:
4.		Approval #:
5.		Approval #:
6.		Approval #:

Name of Sponsor _____

Address of Sponsor _____
Street City State Zip

Program Coordinator _____ Phone Number _____

ATTACH OBJECTIVES, COURSE CONTENT, AGENDA AND ATTACH INSTRUCTOR QUALIFICATIONS(i.e., vita)

Continuing education clock hours exclude time spent on registration, breaks, and lunch. Clock hours are awarded in full hour or half-hour increments only for actual continuing education contact time. Individual sessions of fifty minutes of instruction will qualify for one hour, twenty-five minutes for one-half hour. Approval shall not exceed actual clock hours of instruction.

Day 1:	From _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	to _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	Date _____	CE Hours Requested _____
Day 2:	From _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	to _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	Date _____	CE Hours Requested _____
Day 3:	From _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	to _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	Date _____	CE Hours Requested _____
Day 4:	From _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	to _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	Date _____	CE Hours Requested _____
Day 5:	From _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	to _____	<div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block;"></div>	Date _____	CE Hours Requested _____

Continuing Education Clock Hours Requested

TOTAL

ADMINISTRATOR (Refer to Core of Knowledge subject area list)

- A. Administration
Subject Areas 1, 2, 3, 8, 9
- B. Resident Care
Subject Areas 4, 5, 6, 7
- C. Electives
Subject Area 10

Maximum Hours Available

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DIETITIAN

COPY AS NEEDED

COPY AS NEEDED

For Applications Submitted by Sponsor Sponsor Agrees To:

1. Attach the program content, objectives, and time frame agenda to application. Incomplete applications will be returned.
2. Record and retain attendance and clock hours.
3. Issue a certificate of attendance/completion to each licensee who attends the program. The certificate will include the sponsor's name and KDHE approval number; the program title, presenter, site, and date; the name of the licensee; and the total number of CE clock hours earned by the licensee.
4. Notify KDHE in case of program rescheduling, cancellation, or change of instructors.

For Applications Submitted by Licensee:

1. Attach the program content, objectives, and time frame agenda to application. Incomplete applications will be returned.
2. Retain all documentation for upcoming license renewal.

The Department will monitor prior approved activities. This may include on-site visits, written inquiries, audits, requests for additional information, and questionnaires.

I verify that the information contained in this application and attachments is accurate and I agree to provide the documentation and notification listed above.

Person Submitting Application Signature Date

Address, City, State, Zip Code Phone number and email address

Send completed form and attachments to

Health Occupations Credentialing
Kansas Department of Health and Environment
Curtis State Office Building
1000 SW Jackson Street, Suite 200
Topeka KS 66612-1365

(785) 296-0058
mflin@kdheks.gov

AGENCY USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved as Modified	<input type="checkbox"/> Disapproved
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change in Core Area <input type="checkbox"/> Change in Clock Hours </div>		
<input type="checkbox"/> Other: _____		
Reviewed by: _____ Date: _____		